

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am are the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INTERCHANGEABLE FITMENT APPARATUS AND SYSTEM

the specification of which (check one)

is attached hereto.
 was filed on _____
under Attorney's Docket Number _____
as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed		
<input type="checkbox"/> (Number) _____	<input type="checkbox"/> (Country) _____	<input type="checkbox"/> (Filing Date) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> (Number) _____	<input type="checkbox"/> (Country) _____	<input type="checkbox"/> (Filing Date) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> (Number) _____	<input type="checkbox"/> (Country) _____	<input type="checkbox"/> (Filing Date) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> (Number) _____	<input type="checkbox"/> (Country) _____	<input type="checkbox"/> (Filing Date) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appln. Serial No.)	(Filing Date)	(Status)
(Appln. Serial No.)	(Filing Date)	(Status)
(Appln. Serial No.)	(Filing Date)	(Status)
(Appln. Serial No.)	(Filing Date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

J. Rodman Steele, Jr.	Reg. No. 25,931
Gregory A. Nelson	Reg. No. 30,577
Joseph W. Bain	Reg. No. 34,290
Robert J. Sacco	Reg. No. 35,667
Stanley Kim	Reg. No. 42,730
Mark D. Passler	Reg. No. 40,764
Steven Greenberg	Reg. No. 44,725
Neil R. Jetter	Reg. No. 46,803
Larry G. Brown	Reg. No. 45,834
Kevin T. Cuenot	Reg. No. 46,283
Pablo Meles	Reg. No. 33,739
Ray Whitty	Reg. No. 47,176
Richard A. Tomlin	Reg. No. 24,449
Barbara S. Kitchell	Reg. No. 33,928
Terry W. Forsythe	Reg. No. 47,569
Mark M. Zylka	Reg. No. 48,518

Send correspondence to J. Rodman Steele, Jr., Akerman Senterfitt, 222 Lakeview Avenue, Fourth Floor, P.O. Box 3188, West Palm Beach, Florida 33402-3188 and direct all telephone calls to Gregory A. Nelson at (561) 653-5000.

FULL NAME OF INVENTOR: Sonny Costin

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 11539 Willow Garden Drive
Windermere, FL 34786

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 11539 Willow Garden Drive
Windermere, FL 34786

FULL NAME OF INVENTOR: Joseph R. Russow, Jr.

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 4 Badminton Ct.
Rumson, NJ 07760

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 4 Badminton Ct.
Rumson, NJ 07760

FULL NAME OF INVENTOR: Tim Kelly

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 840 Welsh Road
Schwenksville, PA 19473

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 840 Welsh Road
Schwenksville, PA 19473

FULL NAME OF INVENTOR: Antonio LeBron

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 5322 Deltona Boulevard
Spring Hill, FL 34606

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 5322 Deltona Boulevard
Spring Hill, FL 34606